Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc Pro Se Notices of Participation Page 1 of 107

Participant must provide all of the information below in English:

if any:	omact information, includ	ing eman address	s, and the	11 01 1	is coul	iisei,
Participant's Name:	Adelita Or	tiz H	iran	dq	00	
Participant's Address:	PO Box 1	457, Co	amo	1	B	00
Participant's Email Address:	dellyortiz@	gol-com				
Name of Counsel:						
Address of Counsel:						
Email Address of Counsel:						
2. Participant's C	laim number and the natu	re of Participant'	s Claim:			
Claim Number:	92427	Case # 17	BKO	356	6-1	T5
Nature of Claim: By: Ydelite De Signature Adelity De Print Name	to Miranda		75.31STRICT COUP	2021 AUG -6 PN 5: 03	RECEIVED & FILED	
Title (if Participant is a 5 / agas to 1 2	not an individual)					

Doc#:17722-1 Filed:08/09/21 Pro Se Notices of Participation Entered Page 2 Coamo, PR 00769-1457 PO Box 1457 Ms Adelita Ortiz To: United State District Court Ste. 150, Son Ven, Ph. Rico 02918-1767 Clerk's Office, 150 Ave. Corlas Chalchen 00010-170000 りならのいっとというできょう Freedom Communication of the C SAN JUAN PR 009

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Haydee Mangual Forestier Participant's Address: 9237 Com. Serrano Juana Diaz 007	
Participant's Address: 9237 Com. Serrano Juana Diaz 007	9.
Participant's Email Address: pha - oo hot mail.com	
Name of Counsel: Wone	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 103036	
Nature of Claim: I'm claiming the Ley 89 Romerazo, Ley Escala	ð
Nature of Claim: I'm <u>claiming</u> the Ley 89 Romerazo, Ley Escala By: Hayder Mang Hay 90 (2002) Ley 164 (2004) Sragor. Sile Signature	20
Digitature	•••
Haydee Mangual Forestier Print Name	
Title (if Participant is not an individual)	
Date 9 4 2021	



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Sonia A. Sepúlveda López Urb. Villas del Cafetal II Calle Caturra L-18 Participant's Name: Participant's Address: Participant's Email Address: 30nisepulve da 93@ gmail. com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 17-032-83 Claim Number: Nature of Claim: Sonia Agnes Sepulveda López

Print Name Title (if Participant is not an individual) - diciembre -2021

Entered 08/09/21 Page 6 of 107 Doc#:17722-1 Filed:08/09/21 Pro Se Notices of Participation Filed:08/09/21 son a Harres sepulvede Lopez PR 00698-3161 1195 del afetal I KIS OFFICE TRICT COU JUAN.PI COUT WITH YOUNK 5 AUG 2021 PM 1 L SAN JUAN PR

San Juan, P.A. 00918-1767 United States District Court. clerk's Office Carlos Chardon Ste. 150

000

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: PR 1845 SRF 55176 PackID: 85452 MMLID: 54335-P SVC: MML-PC Participant's Name: BONET PAGAN, SANDRA 16 CAMINO PORTERO Participant's Address: RINCON PR 00677 Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: mpleado By: Title (if Participant is not an individual)

22-1 Filed:08/09/21 tices of Participation Entered:08/09/21 Page 8 of 107 05 SAN JUAN PR OOS MAN DON andra Bonet R

 Participant's contanct information, including email address, and that 	t of its co	unsel,	,
if any.			
Participant's Name Verónica Amador Colon			
Participant's Address 813cale 19 Uto El Cortijo Bayamo	ón PROC	0956	
Participant's Email Address amadorveronica 14@ 40ho6-co	<u>m</u>		
Name of Counsel			
Address of Counsel	_		
2. Participant's Claim number and the natura of Participant's Claim			
Claim Number 178960	_		
Nature of Claim Public Employe and Pension Retire Claim			
By Vironica Amador Colon Signature		20	20
Veronica Amador Coloin Print Name	SAN JUNE STATE OF THE STATE OF	21 AUG -6	RECEIVED
Title (if Participant is not an individual)	#95 1855	3.5	9
August -4-2021 Date		3	

CORRECTION AND REPLACEMENT OF PREVIOUS DOCUMENT.

VERSION JULY 2021

722-1 Filed:08/09/21 otices of Participation Entered:08/09/21 Page 10 of 107 SAN JUAN PR 009 Muted states shirted Court, class is office 150 ane Carlos chardon Ste-150 5 AUG 2021 PM 1 L Sanfusor P.R. 00918-1767 101 406 -6 PH S-03 RECEIVED & FILED Vervices amador Colon Wh El Cartigis Bayamon J.R. 00952 \$ 13eal 19

 Participant's contanct information, including email address, and that 	t of its co	unsel	,
if any.			
Participant's Name Veronica Amador Colón			
Participant's Address & 13 calle 19 Unb. El Cortijo Bay	amon P.K	2.009	52
Participant's Email Address amador veronica 14 Qyahoo - co			
Name of Counsel			
Address of Counsel			
2. Participant's Claim number and the natura of Participant's Claim			
Claim Number 178960	_	4	
Nature of Claim Public Employe and Pension Retire Claim			
By <u>Veronies Amador Colon</u> Signature		2021 At	RECE
Vervinica Amador Colon Print Name	X SUCCESSION OF	9-9	NED &
Title (if Participant is not an individual)	·무탈링	왕 5: 03	
August - 4 - 20 21 Date			

CORRECTION AND REPLACEMENT OF PREVIOUS DOCUMENT.

VERSION JULY 2021

7722-1 Filed:08/09/21 otices of Participation Entered:08/09/21 Page 12 of 107 FOREVER / US. United States Watrict Court, Club's Office 150 auc Corbs charden Ste. 150 SAN JUAN PR 0009 SAUG 2021 PM L Sanguar - P.R -00918-1767 Esonies anotor Colon 0/3 salle 19

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc Pro Se Notices of Participation Page 13 of 107

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Jerry Kivera Marzan
Participant's Address: Urb. Levittown 2630 Paseo Aguila, Toa Baja P. Ro
Participant's Email Address: lordjunior 25 Damail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 24419
Nature of Claim: Employees Refirement System
By: Serry Prince / Can
S(gr)ature
Terry Rivera Marzan Print Name
Print Name
Title (if Participant is not an individual)
Buly 30, 2021 Date

Doc#:17722-1 Filed:08/09/21 Pro Se Notices of Participation Entered:08/09/21 Page 14 of 107 Levi raseo 150 Ave. Carlos Charden 00918-170625 009/8-1767 U 1200 12001 SAN JUAN PR 009

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc Pro Se Notices of Participation Page 15 of 107

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

if any:	
Participant's Name:	Pedro L. Muniz Perez
Participant's Address:	HC7 BOX 7.6647, SANSEBASTIAN PRODERS
Participant's Email Address:	g Muniz VARgas (DgMail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	170841
Nature of Claim:	Dobts Claimed Deportment of Agricultur
By: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Nutug
Print Name	uniz In Representation, Pedro Li Muniz
Do yoho Title (if Participant is	not an individual)
8/4/2/ Date	



Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc Pro Se Notices of Participation Page 17 of 107

Participant must provide all of the information below in English:

1. Participant's of if any:	contact information, including email address, and that of its counsel,
Participant's Name:	Lose A. Cabrera so tomayer
Participant's Address:	P. S. BOX 2161, COAMO, P.R. 00769
Participant's Email Address:	- None-
Name of Counsel:	1)
Address of Counsel:	10
Email Address of Counsel:	*, J
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	No 17 BK 3283 LTS
Nature of Claim:	I solicital the poil that the debtors
By: Jan A. EL.	don't paid to me.
Signature	Burn there we distribute the rest to the first of the state.
Jose A. CA	bier A Sotomager
Print Name	
& Am the	individual
Title (if Participant is	
August, 5	12021
Print Name 2 Am the Title (if Participant is August, 5	Liera so tomager individual not an individual)

17722-1 Filed:08/09/21 Notices of Participation Entered:08/09/21 Page 18 of 107 A CONTRACTOR OF THE PARTY OF TH SAN JUAN PR 009 ---S ALICE ROLL 5te. San Jun, p.R. 00918-1767 United States District Court 150 AUG. EARlos Ehardon 00001-1-01000 Cherk's office Jose A. Cabiera Schonager 60400, P.R. 00769 P.S. BOX 2161

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 19 of 107

Participant must provide all of the information below in English:

if any:	contact information, including email address, a	and that of its counsel,
Participant's Name:	Brigida Quiles	
Participant's Address:	HC-5 BOX 50250	S.S. P.R
Participant's Email Address	: b_quiles @live.co) m
Name of Counsel:	<i>L</i>	
Address of Counsel:		
Email Address of Counsel:		
2. Participant's	Claim number and the nature of Participant's C	Claim:
Claim Number:	17 BK 3283	-175
Nature of Claim:	Granding related r	elief= =
By: Braila le Signature	ZueS	CLIVED
Brigida	Quiles	EHR , P
Print Name	_ 4 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
Title (if Participant is	s not an individual)	0.2
4		
August &	2001	

7722-1 Filed:08/09/21 Entered:08/09/21 Notices of Participation Page 20 of 107 States District Court, ChrKi Juan 1. A. 00918-1969 SAN JUAN PR Carlos Chardon S.S. 1 R. 00685 465 BX 50250 Brigida Wuiles

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 21 of 107

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: José LAJArA SANAbriA
Participant's Address: HC 03 Box 17443
Participant's Email Address: bastin lajara a gmail. Com Name of Counsel: Hermanda Empleados de Corrección
Name of Counsel: HerMANDA EMPLEADOS DE CORRECCION
Address of Counsel: HC-02 Box 6519
Email Address of Counsel: <u>761 787-835-0185</u>
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: KA C-1996-1381
Nature of Claim: E/ Rome YAZO
By: Jose Sajara Donobia
José LAJAra SANA bria Print Name
Title (if Participant is not an individual)
Date 2021

Ang. Myriam Full Page P. D. By. 2375 Hungaman, P. R. 00785 Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 11 JUN 2018 PM 2 L As Ine Lajara Sarabin HCO3 Buzin 17443 Uturdo. P.R. 00641 HERMANDAD EMPLEADOS DE CORRECCIÓN HC-02 BOX, 6519 GUAYANILLA, PUERTO RICO 00656 787-835-0185 RECIBO DE PAGO PARA EL PROOF OF CLAIM NUMERO CONTRATO: 1221 NUMERO RECIBO: 2007 COMO PARTE DEL ACUERDO CON LA HERMANDAD EMPLEADOS DE CORRECCIÓN. ACEPTO LIBRE Y VOLUNTARIAMENTE PAGAR VEINTE (\$20.00) DÓLARES PARA CUMPLIMENTAR EL FORMULARIO OFICIAL 410 MODIFICADO PROOF OF CLAIM/EVIDENCIA DE RECLAMO Y SER PRESENTADO AL TRIBUNAL FEDERAL COMO EVIDENCIA DE PAGO EN EL CASO KAC-1996-1381 EL ROMERAZO TAMBIÉN RECLAMO LA CANTIDAD DE \$2, 744. W A RAZÓN DE \$40.00 DÓLARES MENSUALES. ENTIENDO QUE EL PAGO CORRESPONDIENTE ES LUEGO DE HABERME DESCONTADO EL 30% DEL PAGO A LA HERMANDAD COMO ESTABLECE EL CONTRATO ORIGINAL. ENTIENDO TAMBIÉN QUE EL TRIBUNAL PUEDE DETERMINAR UNA CANTIDAD MENOR A SER PAGADA Y LA HERMANDAD ME INFORMARA A TRAVÉS DE REUNIÓN, ASAMBLEA Y/O CUALQUIER OTRO MEDIO VIABLE PARA MI. LUEGO DE LEER Y ENTENDER ESTE ACUERDO FIRMO CONFORME ESTABLECE ESTE ACUERDO. _____2018, EN HCO3 Bujor 1744 DIRECCIÓN: 787-315-8525 TELÉFONO:

22-1 Filed:08/09/21 ces of Participation Entered:08/09/21 1 Page 23 of 107 Jotice to the Court's Clerk's office at Inited States District Court, Clerk's Office SAN JUAN PR 009 150 Ave. Carlos Chardon Ste. 150 Juan, P.R. 00918-1767 () -ajara Sanabria

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Militon RAMOS CAMACHO
Participant's Address: Villa Del Carmen D67 Cabo Rojo PR 00623
Participant's Email Address: miltonv17@gmail,com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 177484
Nature of Claim: Affected by #89 Law & Signature Milton Ramos Camacho Print Name
Title (if Participant is not an individual)

Milton Romos Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc.
Pro Se Notices of Participation Page 25 of 107 Villa Del Carmon Dio 4 AUG 2021 PM 2 L Cabo Rojo PR 00623 United States District Court MYNTHYS Clerk's Office EU : 12 9-904 1202 150 Lue. Carlos Chardón Ste. 150 73-11-818-00 . S.R. mart und Berceinen & eller չեւյլվելույի իրկարկային իրկարանի այլանի հինանի անհայանին 00918\$1706 CO18

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 26 of 107

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii any.
Participant's Name:
Participant's Address:
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: 9637 Nature of Claim: Sobre Sistema de Retiro By: Signature Freddy farrilla Torres Print Name Title (if Participant is not an individual) 3 afosto 2021 Date
Instructions for Pilis Nation CD at the IC

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 27 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Signature Title (if Participant is not an individual)

22-1 Filed:08/09/21 Entered:08/09/21 ices of Participation Page 28 of 107 5117 7571 LOOD OIPE POOY 000010-170050 00918 SJUES NICES 00

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc Pro Se Notices of Participation Page 29 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Eliezer Roger Soto Participant's Name: 256 Calle El Parque Isabela P. R. ool62 Participant's Address: Participant's Email Address: eliezer lopez soto 3321 @ mail - com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 17 BK 3283-LTS Claim Number: Pencion de Retiro - Administración Corrección Nature of Claim: Eliezer Lopez Soto Title (if Participant is not an individual) Agosto-4-2021

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Par 30 \$6. Calle El Parque
Parabola P.R. 00662 Doc#:17722-1 Filed:08/09/21 Pro Se Notices of Participation 7020 9989 026T 2000 09TE Unit States District Court, Clerk's Office, 150 Ave. Carlos Chardow Ste. 150, San Juan, P.R. 00918-1767 U.S. POSTAGE PAID FCM LETTER SABELA, PR AUG 04, 21 AUG

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 31 of 107

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:		
Participant's Name:	Ricardo Repollet Diaz	1243
Participant's Address:	Villa Rosales 6 19 Calle 4 Aibonito	P.
Participant's Email Address:	00705-3	337
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	\$576.	
Nature of Claim:	Public Employee Claim. Betire-syster	n
By: (x) Ricardo	Repolled Dies	
Signature		
Ricardo Re	epollet Diaz	
Title (if Participant is	not an individual)	
August 4	, 2021	
Date J		

Doc#:17722-1 Fi 3/09/21 pation Entered:08/09/21 Page 32 of 107 4 AUG 2021 PMP 34 2161 0000 02T2 1102 ardo Repullet Diaz P.R.007.05 SAN JUAN PR 009 P.R. 00918-1767 1000 District Court Chardon Ste. 150 00918 AGE PAID

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc Pro Se Notices of Participation Page 33 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Colinas de Cupey - 3-17 calle 2 ST PROSSE

Participant's Email Address: Lyse Ite maile 079 0 hohnail - au Name of Counsel: HATO Rey calle chards Address of Counsel: de 56047 0 hot ngil- an Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: No. 17 B& 3283-LTS Claim Number: Lyselk Brown Nature of Claim: By: Title (if Participant is not an individual)

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

august 3, 2021

Entered:08/09/21
Page 34 of 107

RAGUNA GARDENS SHOPPING CENTER Doc#:17722-1 Filed:08/09/21 Pro Se Notices of Participation CAROLINA, PUERTO RICO 00979 Court's clerk office

United States District Court Clerk's office, 150 Ave Carbs Chindon st iso SJ- PR 00518-1762

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SAN JUAN PR 009

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc Pro Se Notices of Participation Page 35 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Metad Pal 93E	F.=
Participant's Address: P.O. Box 11885	
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participan	t's Claim:
Claim Number: 17 BK 3283_LTS	PR BYS SRFSST
Nature of Claim: P.R. Book	3 2
By:	DE IV
Signature	15 8 B
Sand Gran Dans	축으로 말 (1)
Print Name	aga on I
according	0
Title (if Participant is not an individual)	
alor 4-2021	
Date	



Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc Pro Se Notices of Participation Page 37 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Carlos J. Soto Santos Participant's Name: RR # 16 BOX 3690 San Juan Ph 00924 Participant's Address: Participant's Email Address: 1001809Hail, COM Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Title (if Participant is not an individual) Date

Entered:08/09/21 Page 38 of 107 Doc#:17722-1 Pro Se Notices Filed:08/09/21 articipation urlos J. Solo Sontas # 16 BOX 3690 7020 0640 0000 6148 7999 POSTAL SERVICE United States District Court, Clerks 150 Due Carlos Chardon Ste. 150 Topics of the control San Jan, VR. 00918-1767 \$6.45

Pro Se Notices of Participation Page 39 of 107 Participant must provide all of the information below in English: Participant's contact information, including email address, and that of its counsel, 1. if any: JAEK Mercado - De Jesús Participant's Name: E-6 GILE 3, Monte Sol, TOA Alta, PR 00953 Participant's Address: Participant's Email Address: jackmercado 25 @outlook.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. No. 17 BK 3283-LTS
Reduest payment of the saxing Note
-000677 of \$1,081.00 from the
1 Government of the commonwealth Claim Number: Title (if Participant is not an individual)

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41



19 de septiembre de 2014

JACK MERCADO DE JESUS **URB MONTE SOL** E 6 CALLE 3 Toa Alta, Puerto Rico 00953

Estimado bonista:

Deseamos informarle que su inversión 2009-000677 en Notas de Ahorro de Cooperación Económica con Puerto Rico está pautada para vencer en la siguiente fecha:

10/07/2014

A partir de esta fecha, usted podrá redimir sus Notas de Ahorro en las oficinas del Banco de Fomento localizadas en:

> Centro Gubernamental Minillas Edificio Centro, Piso G Área de Cuentas de Depósitos Santurce, PR

Para redimir las Notas es requisito* presentar una identificación vigente con retrato y firma, expedida por el Gobierno de Puerto Rico, de los Estados Unidos de América o de alguno de los estados de la Unión y la nota de ahorro original. El Banco de Fomento pagará al beneficiario de las Notas de Ahorro el valor de redención de las mismas en su fecha de vencimiento. A partir de dicha fecha, las notas cesarán de generar intereses.

De requerir información adicional, puede enviar sus preguntas a notasdeahorro@bgfpr.com o acceder nuestro portal con la siguiente dirección:

http://www.bgfpr.com/documents/2009-05-04-Preguntas-Respuestas.pdf

Gracias por participar en el programa de Notas de Ahorro de Cooperación Económica con Puerto Rico.

Cordialmente.

Inclasion .

María Ocasio

Gerente de Operaciones Bancarias

*Pueden existir otros requisitos para redimir las notas en caso de menores, herencia u otras situaciones especiales.



ESTADO LIBRE PUERTO RICO RECIBO DE NOTA ASOCIADO DE PUERTO RICO DE AHORRO

NOTAS DE AHORRO

DE COOPERACIÓN ECONÓMICA CON PUERTO RICO, SERIE A

Número de Nota:

2009-000677

Fecha de Emisión:

7 de octubre de 2009

Fecha de Vencimiento:

7 de octubre de 2014

Cantidad:

\$800.00

Nombre del Comprador:

JACK MERCADO DE JESUS

Nombre del Beneficiario:

JACK MERCADO DE JESUS

Número de Seguro Social:

XXX-XX-3525

Dirección Postal:

URB MONTE SOL

E 6 CALLE 3

Toa Alta, Puerto Rico 00953

Agente Autorizado:

JORGE GINES LOPEZ

LAS NOTAS DE AHORRO SON OBLIGACIONES EXCLUSIVAMENTE DEL GOBIERNO DE PUERTO RICO Y NO ESTÁN GARANTIZADAS POR NINGUNA OTRA ENTIDAD O AGENCIA DEL GOBIERNO DE PUERTO RICO O DEL GOBIERNO DE LOS ESTADOS UNIDOS DE AMÉRICA. LAS NOTAS DE AHORRO NO SON UN DEPÓSITO BANCARIO, POR CONSIGUIENTE, NO ESTÁN ASEGURADAS POR EL FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) Y, EN EL CASO DE COOPERATIVAS, NO ESTÁN ASEGURADAS POR LA CORPORACIÓN PÚBLICA PARA LA SUPERVISIÓN Y SEGURO DE COOPERATIVAS DE PUERTO RICO (COSSEC).

El comprador de esta Nota de Ahorro representa, garantiza y/o certifica lo siguiente:

- Reconozco haber recibido el Folleto Informativo de las Notas de Ahorro con fecha de 1 de mayo de 2009, el cual contiene valiosa información relacionada a la oferta y venta de las Notas de Ahorro.
- 2. A la fecha de adquisición de esta Nota de Ahorro el beneficiario de la misma es residente bona fide del Estado Libre Asociado de Puerto Rico.
- Reconozco que el beneficiario de esta Nota de Ahorro está impedido de transferir la misma a un tercero, excepto en caso de muerte, según el procedimiento establecido en el Folleto Informativo de las Notas de Ahorro.
- Una vez efectuada la compra de esta Nota de Ahorro, dicha compra será final por lo que el beneficiario de esta Nota de Ahorro sólo podrá redimirla conforme a las disposiciones contenidas en el Folleto Informativo de las Notas de Ahorro.
- 5. Las Notas de Ahorro han sido emitidas en virtud de las disposiciones de la Ley Núm. 7 del 9 de marzo de 2009, "Ley Especial Declarando Estado de Emergencia Fiscal y Estableciendo Plan Integral de Estabilización Fiscal para Salvar el Crédito de Puerto Rico", y el Reglamento "Para Reglamentar la Emisión, Venta, Cobro, Redención y Contabilidad de las Notas de Ahorro del Estado Libre Asociado de Puerto Rico", aprobado por el Departamento de Hacienda de Puerto Rico.

Este documento no es un instrumento negociable.

Firma Agente Autorizado

Firma del Comprador



Mr. Jack Mercado 17-03283-LTS Doc# Calle 3 E-6 Montesol Toa Alta, PR 00953

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United States District Court clerk's Office SAN JUAN, PR 00918-1767 Axe. Carlos Chardon Ste. 150

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Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc Pro Se Notices of Participation Page 43 of 107

Participant must provide all of the information below in English:

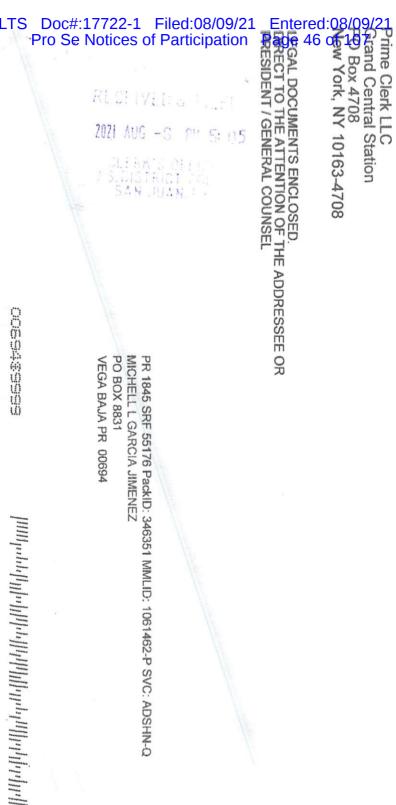
1. Participant's contact information, including email address, and that of its counsel,
if any: Moderall of Correla Grander
Participant's Name:
Participant's Address: PU Gok 8831 logaloga PL 0009
Participant's Email Address: 100001000000000000000000000000000000
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
14 AV 20 P3 TT
Claim Number:
Nature of Claim: Tired untainly (Work (ase)
By: M- paca
Signature
Michell Coarcia
Print Name
Wisher the second of the secon
Title (if Participant is not an individual)
4 august 2021
Date

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 44 of 107

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Sichell Lee Carcia Konenez
Participant's Address: P.O. Box 8831 Voga Baja, P.C. coco9
Participant's Email Address: 128 GOV CIO MENEZ (25 Participant's Email Address: 128 GOV CIO MENEZ (25 Participant)
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number:
Nature of Claim: Fred unfairly (uon case) By: M. Clarcas
Signature Carda
Print Name
Title (if Participant is not an individual)
Date







Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 48 of 107

Participant must provide all of the information below in English:

1. Participant's contact information, including email add	ress, and that of its counsel,
if any:	1 -12
Participant's Name: Lahira Kodrigse	2 Walker
Participant's Name: Zahira Kodrigue Participant's Address: Puertas del Sol Calle Lun Participant's Email Address: Zahirarw 9 yahov com	a #50 Jajando Pil
Participant's Email Address: Zahirarw 9 yahoo rem	<i>'</i> /
Name of Counsel: n/9	
Address of Counsel: n/q	
Email Address of Counsel: 79	
2. Participant's Claim number and the nature of Participa	ant's Claim:
Claim Number: 1674	
Nature of Claim: Pensión / Tubilación	(Retirement Benefits) Fension \$130,000
By:	Pension
Signature	\$13 m ass
Lahira Kodiquez Walker	
Print Name	절등학 중 문
na	SAN JULIO -6
Title (if Participant is not an individual)	원교로 골 원
August 5, 2021	
Date	8

Entered: 08/09/21 1 Page 49 of 107 LTS Doc#:17722-1 Filed:08/09/21 Pro Se Notices of Participation 00738 ste 150, CO918-1767 AN JUNI P& DC. USBS

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: angel amono figueroa
BdA. Blondet Calle F-145 Grayama P.R. 00784 Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 178518 Claim Number: Nature of Claim: Signature

Anyle Amaro Figuerose

Print Name By: Title (if Participant is not an individual) Date

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Page 51-4949m9 P.R. 00784 Doc#:17722-1 Filed:08/09/21 Pro Se Notices of Participation RECEIVED Amaro Figueros F-145 San Juan P. R. 00918 - 1767 150 Ave . Carlos Chardon Ste. 150 Clerk's office

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 52 of 107

Participant must provide all of the information below in English:

1. Participant's contact information, including email	il address, and that of its counsel,
if any:	TD 1222
Participant's Name: Juny fer Detancou	n rearrich
Participant's Address: URB. O'Reilly, Calle 5	# 104, Gyrabo PR 007/10
Participant's Email Address: jennbet@gmail	it Pedraza + 104, Gurabo PR 00778
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Pa	rticipant's Claim:
1	F
Claim Number:	
Claim Number:	
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Claim Number: Nature of Claim: By: Signature Jennifer Belancout Bedraze	RECTIVED &
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Claim Number: Nature of Claim: By: Signature Jennifer Belancourt Bedraze Print Name	RECTIVED &

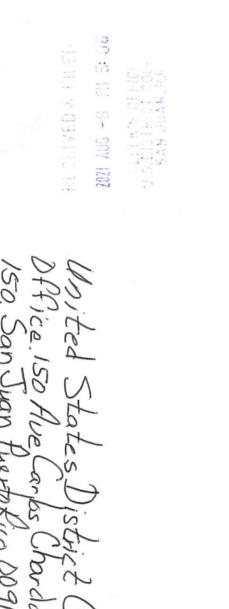
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Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 54 of 107

Participant must provide all of the information below in English:

if any: Participant's Name: Participant's Address:	Luciano Arroyo POBOX 173 Yabu	Figueras
	Luciano Hrroyo POBOX 173 Yabu	+ 19yeraa
Participant's Address:	POBOX 173 Yabu	
		cog PR. 00767
Participant's Email Address:	Luciasoarrago 58 @	Yaboo. Com
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Part	ticipant's Claim:
Claim Number:	17-BK-3566- L	15 (I9686)
Nature of Claim:	1	
By: The The P		50 11 6
Signature		
1		and the second s
Luciano An	rogotiqueraa	들필요 등 등
Luciano An Print Name	rogotiqueraa	TROOP B
	rogotiqueraa	-6 PM S
	not an individual)	-6 PM S- 08
Print Name	not an individual)	-8 PM S- 08
		PECELAL SAM SAM

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Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 56 of 107

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: ELIZabeth Rodriguez Castillo H.C. 01 Box 4147 Juana DIAZPIZ00795 Participant's Name: Participant's Address: Participant's Email Address: <u>erodriguezza justicia progov</u> Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 174170 Claim Number: Nature of Claim: Elizabeth Rodriguez Castillo Signature

ELizabeth Rodriguez Castillo

Distribus Title (if Participant is not an individual) Y la gosto (2021 Date

Enter Page 5 Doc#:17722-1 Filed:08/09/21 Pro Se Notices of Participation #2.01 Box, 4147 uay, F.R. 00795 00010-170000 Inited State Vistrict Court Clerk ice 150 ano: Carlos Charlos St. 150 5 ACG 2021 PM 1 STATE OF THE PARTY SAN JUAN PR 009 P. R. 00918-1767

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 58 of 107

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Bernoclette Pujols Vero
Participant's Address: 30x2593 juncol Station San Sebastian P.R. 00
Participant's Email Address: <u>berny P2009</u> @ yahoo.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 32 83. 275
Nature of Claim: Promesa Title III
By: Perustalian
Bernadette Pujols Oters
Print Name
Title (if Participant is not an individual)
3 August 2021

Doc#:17722-1 Filed:08/09/21 Pro Se Notices of Participation Entered:08/09/21 PO Box 2593 Ms Bernadette Pujols San Sebastian, PR 00685-3001 00918-170399 1961 - 81800

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 60 of 107

Participant must provide all of the information below in English:

	email address, and that of its counsel,
Adelita Ortiz &	livanda
DOBOX 1457 Coa	me, PR00769
: dellyortizadol·com	1
	7
7 b 0 7	A STATE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDR
Claim number and the nature of	f Participant's Claim:
92427 Cose	+17BK03566-LTS
hr Hivanda	201 AUG -6 PH 5: CLEAN'S OFFICE SAN JUAN 5:
	Adelita Othe De DoBox 1457 Con delly ortizadaol.com

Doc#:17722-1 Filed:08/09/21 Pro Se Notices of Participation Entered Page 61 Coamo, PR 00769-1457 PO Box 1457 Ms Adelita Ortiz 80:5 113 9-5114 IIII Ste 150; San Ban, Ptr. Rice 00918-1767 To: United States District Court Chalden Clerk's Office, 150 Ave Cooler Chalden 00918-170399 Total Control SAN JUAN PR 009

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 62 of 107

Participant must provide all of the information below in English:

-	contact information, including email address, and that of its counsel,
if any:	
Participant's Name:	Adelita Othe Miranda
Participant's Address:	Adelita Ortiz Miranda DOBOX 1457, Coamo, PRODIGA delly ortiz agol com
Participant's Email Address:	dellyortizadiol.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's 0	Claim number and the nature of Participant's Claim:
Claim Number:	92427 Cose # 17BK 03566- LTS
Nature of Claim:	
By: (Seleti altz	Meanle SAN HIS -6
Signature	
Adelita Ort	2 Alivenda Edi o Z
	1000 P 10
Print Name	and the second s
Title (if Participant is	
Title (if Participant is	



Ms Adelita Ort Case: 17-03283-LTS Doc#: 17722-1 Filed: 08/09/21 Entered: 08/09/21 11:09:41 Desc PO Box 1457 Coamo, PR 00769-1457

Pro Se Notices of Participation Page 63 of 107 PR 009



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Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 64 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Kody Manuel Niews Garcia
Participant's Name: Kody Manuel Niews García Catle Fernando Calder 457 Participant's Address: Cost & Prosevelt - Jan Tuan, Puerto Rieman, Participant Rieman, Partic
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BX 3283 - LTS The Common weasth of Querto Rico Nature of Claim Et al.
By: Signature
Rody Manuel Nieves Garcia
Print Name
· · · · · · · · · · · · · · · · · · ·
Title (if Participant is not an individual)
y de agosto de 2021
Date

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Participant must provide all of the information below in English:

1. Participant's co	ontact information, including email address, and that of its counsel,
Participant's Name:	Henry Montalvo Matos
Participant's Address:	HCO4 BOX 44374 MSC 1337, Caguas, P.R. 00727
Participant's Email Address:	hmmf2012@gmail.com
Name of Counsel:	NO
Address of Counsel:	NO
Email Address of Counsel:	NO
Claim Number: Title III	participate in discovery in connection with continuation on for Adjustment - access to documents -
Title (if Participant is	
August 1st, 2	202/



Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 68 of 107

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

if any: Urb. Jacaguax Calle 2 # 11-Juana D/gz, P.R. 00 795 Participant's Name: Participant's Address: Participant's Email Address: lorraine CC@ yahoo · Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: PROMESA Title III - No. 17 BK 3283 Nature of Claim: By: Title (if Participant is not an individual) Date Quyst 3th, 2011

From Glady Calle 2 Hil Jama Diaz, Phoo 795

Case: 17-03283-LTS Doc#: 17722-1 Filed: 08/09/21 Entered: 08/09/21 11:09:41

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Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 70 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:						
Participant's Name:	~			th		
Participant's Address:		G 05				
Participant's Email Address:						
Name of Counsel:						
Address of Counsel:						
Email Address of Counsel:		:	i di			
2. Participant's C	laim number and the	e nature	of Participant's	Claim:		
Claim Number:	13704		- 			
Nature of Claim:	Pension	de	ReTivo			
By: Oide Pules Signature Aide Quile	Rive					n e
Aida Quile Print Name	s Rivera				7071 AUG	RECEIVED & F
Title (if Participant is r				E E 6/1	-6 P	2
5 de Agos To Date				ಿಚಿತ		

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Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 72 of 107

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Edelmira I. Gonzalez Arroyo
Participant's Name: <u>Edelmira I. Gonzalez Arrayo</u> Participant's Address: <u>40 Ave. Winston Churchill, Apt IA Villas del Señoria</u> SANJUAN, PR 00926
Participant's Email Address: delmimarie a yahoo. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: #176141 PROMESA Title 111 No. 17BK 3283-LTS
Nature of Claim: Ley 89 - Julio 1995 - Romere AZO / Compensation No
By: Edelnina S. Homals arrays
Edelmira I. Gonzalez Arnoyo
Edelmira I. Gonzalez Arnoyo Print Name
±-± 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Title (if Participant is not an individual)
August 4, 2021
LME



Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc Pro Se Notices of Participation Page 74 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any.		
Participant's Name:	Angel M. Morales lehma Estancias del Golf Club	n
Participant's Address:	419 Millito Navarro, Ponce	PR00736-0523
Participant's Email Address:	angeleyespr@gmail.c	com
Name of Counsel:		
Address of Counsel:	п	
Email Address of Counsel:		
2. Participant's C	laim number and the nature of Participant'	s Claim:
Claim Number:	76361	
Nature of Claim:	My retirement	7071 J
By: Signature	mm -	9- 90W
Angel M. Moval Print Name	eslehman	A SE
×		12
Title (if Participant is	not an individual)	
Ougust 3,	2021	

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:		
Participant's Name:	Angel M. Morales Le	hman
Participant's Address:	Angel M. Morales Le Estancias del Golf Club 419 Millito Navarro, Ponc	PRO0730-0523
Participant's Email Address: _		
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's Cla	aim number and the nature of Participant's	s Claim:
Claim Number:	94732	
Nature of Clajm: //_	/ My retirement	73 REGE
By: Signature	hr fish	VICENCE OF STATE OF S
Argel M. Morales Print Name	> Lehman	# 5 FEE
		_
Title (if Participant is no	ot an individual)	
august 3	2021	

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc:

Pro Se Notices of Participation Page 76 of 107

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

	if any:		
Partici	pant's Name:	Angel M. Morales La Estancias del Boil	chman
Partici	pant's Address:	419 Millito Davarro	Pona, PR00730-0523
Partici	pant's Email Address:	angel eyes pa@	gmail.com
Name	of Counsel:		-
Addres	ss of Counsel:		
Email	Address of Counsel:		
	2. Participant's Cl	aim number and the nature of Part	ticipant's Claim:
Claim	Number:	95434	
Nature By:	of Claim: Signature Angel M. Moval. Print Name	My Retirement	REGEIVED & FILLER
	Title (if Participant is real August 3, Date	not an individual)	

Doc#:17722-1 Filed:08/09/21 Pro Se Notices of Participation Entere Page 2 ncias del Solf Club Millith Navarro M. Morales Lehman PR00730-0523 United States District Court, Clerk's Office 150 San Juan, PR 00918-1767 7020 1810 0001 6731 3608 Ave. Garlos Chardon Ste 150 1000

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 78 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Maura Osorio Lopez
Participant's Address: P.O. Box 894 Kio Grande, Fuerto Rico
Participant's Email Address: margrosario 55 @ yahoo. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 73596 Public Employee - Department of Education
Nature of Claim: Nature of Claim: Law 89 Salary increase not received From the law from 1982-1989
By: Aloura Osario Fife, Signature
Maura Osorio Lopez Print Name
72
Title (if Participant is not an individual)
August 4, 2021 Date

From: Maura Case 17:03283-PFS Doc#:17722-1; Filed 08/09/21, Pro Se Notices of Participation Rio Grande, Puerto Rico 1000 To: Court's Clerk's Office United States District Court, Clerk's Office 150 Ave. Carlos Chardon Ste. 150 San Juan, Puerto Rico 00918-1767 ZI :5 118 9- 90V 1707 RECEIVED A

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc Pro Se Notices of Participation Page 80 of 107

Participant must provide all of the information below in English:

 Participant's contact information, including emain if any: 	ail address, and that of its counsel,
Participant's Name: <u>Moura Grad</u>	r Ponce, P.R.00731
Participant's Email Address: 111a 2 9 9	mail.com
Name of Counsel:	
Address of Counsel: M/ /A	· · · · · · · · · · · · · · · · · · ·
Email Address of Counsel:	
2. Participant's Claim number and the nature of Pa	articipant's Claim:
Claim Number: 118725	
Nature of Claim: Department of Ed By: Moura Public	ucation of P.R.
By: Julian Moura Gracia	Employee
Signature	2021 REC
Lillian Moura Gracia Print Name	ANC -6
Finit Name	20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Title (if Participant is not an individual)	
4 ago - 2021	72
Date	

Filed:08/09/21 F Participation F Entered:08/09/21 Pro Se Page 81 of 107 3- 911 120/50 Aue. Cairlos Chardon Ste. 150 San Juan, P. R. 00918-1767 United States District Court 7018 2290 0001 3189 2997 Clerk's Office 4C 09 Buzón 1507 Duce, P.R. 00731 Lillian Moura

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 82 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	A-17
	na Rosas
Participant's Address: HC- OL Box (6190 Guayanilla PR
Participant's Email Address: haria. Medina 192	10 g mail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of F	'articipant's Claim:
Claim Number: 17 BK 3283	- LTS
Nature of Claim: / Salary Cla	rim
By: Maria R. Medina Rosas	702
Signature	SAN TO THE STATE OF THE STATE O
Maria R. Medina Rosar	VED TO
Print Name	ANCION DE
Title (if Participant is not an individual)	- 2
Date	

Doc#:17722-1 Filed:08/09/21 Pro Se Notices of Participation Enter Page R. Medina Box 6190 11a, PR 00656 00919-170925 United State District Court Clerk's Office San Juan, PR 00918-1767 150 Ave. Carlos Chardon Ste. 150 1810 0000 5514 0590 304M113036-12

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 84 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Nestor 5. chiles Arce
Participant's Address: 11C-04 Box 47701 San Schasmin 98 00685
Participant's Email Address: quilesarce @ gmail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: CASC NO. 17 BK 3283-LTS
Nature of Claim: Salary Claim (court of first instance
By: Veston S. andre Once 4359 (803)
Signature Nestor 5. Quiles pree
Print Name
Title (if Participant is not an individual)
August 4, 2021 Date
and the Motion



Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc Pro Se Notices of Participation Page 86 of 107

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if anv: Participant's Name: Z-8 Rio Grande Estate, Rio Grande PR 00745 Participant's Address: Participant's Email Address: lizbeth velez, 8 comgilicom Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Print Name Title (if Participant is not an individual)



Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc Pro Se Notices of Participation Page 88 of 107

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Doming Rodriguez Rivera / Whanizacian Mariani #62 Callez Rafilla-
Participant's Address: Urbanizacion Mariani #62 Calle 2 Safilla-
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No. 17BH 3283 - LTS Nature of Claim: Prome Sa III By: Conunga Rodiyay Rucco Signature Dominga Rodiyay Rivera Print Name
Nature of Claim: Yrome Sa 14
By: Doney a Rodify Rucero
Signature
Daninga Rawiguez Rivera
Print Name
Title (if Participant is not an individual)
4- 990510-2021
Date

Doc#:17722-1 Filed:08/09/21 Pro Se Notices of Participation F Entered:08/09/21 Page 89 of 107 82723 5 ALG 2021 Total Control SAN JUAN PR 009 N MR. 60918-1767

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:	,
Participant's Name:	Feliz Scrrond Jimenez
Participant's Address:	HCTBOX70252 SAN Sebastian PR 00685
Participant's Email Address:	Contabilidad clasea@yshoo.com
Name of Counsel:	4,
Address of Counsel:	
Email Address of Counsel:	
2. Participant's (Claim number and the nature of Participant's Claim:
Claim Number:	169955
Nature of Claim:	Depts Claimed Department of Agriculture
By: Felix Servan Signature	
Feliz SeRR Print Name	Sonomillon A
Title (if Participant is	
Bly (2)	

FELIZ SERRANO JIMENEZ HC 7 BOX 70252 SAN SEBASTIAN, PR 00685 5 AUG 2021 PM 1 L

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NOTICE TO THE COURT'S CLERK'S OFFICE AT: UNITED STATE DISTRICT COURT, CLERK'S OFFICE OFFICE 150 AVE. CARLOS CHARDON STE. 150,

130 AVE. CARLOS CHARDO

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Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 92 of 107

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	José ARMANDO GOMZO lez Aquino
Participant's Address:	Hc7 Box 76647, Son Sebastion PRODGES
Participant's Email Address:	gmunizuargas Pamail com
Name of Counsel:	· · · · · · · · · · · · · · · · · · ·
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	170830
Nature of Claim:	Debts Claimed Department OF Agriculture
By: Jun 17	Don Pyron Salar Selection
Tose A. Gonz Print Name	
Se 14 Claima. Title (if Participant is	
8/4/2021	
Date	



Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 94 of 107

Participant must provide all of the information below in English:

 Participant's con if any: 	ntact information, including email address, and that of its counsel,
Participant's Name:	andrea and River
Participant's Address:	brbanización Mouni #62 Callez Tatillas PM123
Participant's Email Address: _	andrea amil 8715 a g mail com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel: _	
2. Participant's Cla	im number and the nature of Participant's Claim:
2. Participant's Cla Claim Number:	im number and the nature of Participant's Claim: NO 17 BK 3 2-83-175
T , 5, 5,	
Claim Number: Nature of Claim: By:	NO 17 BK 3 283-175
Claim Number: Nature of Claim: By: Ander And	No 17 BK 3 283-175 Ley Promesa THE III Rway Chicain

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 95 of 107

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:
Participant's Name: Andrea Amil Risas
Participant's Name: Andrea Amill Risas Participant's Address: Urb. Mariani # 62 Calle 2 Patillus
Participant's Email Address: <u>On Srea amill 8715 Q 9 mail</u> Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim:
By: <u>Groben AnilfRw's</u> Signature Andrea Amill Riva 5
By: Circles ChilfRw's Signature Andrea Amill Riva 5
Print Name
Title (if Participant is not an individual)
4-G96570-2021 Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 96 of 107

Participant must provide all of the information below in English:

1.	Participant's c if any:	ontact information, including email address, and that of its	counsel,
Participant's	Name:	Andrea Amill Rivas Arbanización Mariani 62 Calles Pat	f-11 00
Participant's			1/100 12:
Participant's	Email Address:	andreamill8715 Q gmail.com	
Name of Cou	nsel:		
Address of Co	ounsel:		
Email Addres	ss of Counsel:		
2.	Participant's	Claim number and the nature of Participant's Claim:	
Claim Numb	er:	3481 CoSo guiebra 17-BK-	3283 LTS
Nature of Cla	im:	Claim number and the nature of Participant's Claim: 3481 COSO Guiebra 17-BK-3 Blad Libre Asoc Je P.R. MRW >	
By: Qu	dies Bu	ill Ris	
515114			<u> </u>
An	drea Ami	11 Rivas	702
Print	Name	第 型	A 6
Tin	tuto III		T P
Title	(if Participant is	s not an individual)	_ &
4-0 Date	240570-20	2[2. T. C.

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Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 98 of 107

Participant's contact information, including email address, and that of its counsel.

Participant must provide all of the information below in English:

1.

if any:
Participant's Name: Asked M. Agos to Fernande
Participant's Address: P.O. Boy 40147, San Tuan, P.R. 00940
Participant's Email Address: Asjean 09 augmail Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: LPE 2007 - 4359
Nature of Claim: Claim Salvey don't payme (# 65 750) By: Signature
Astrid M. Agosto Fernande Print Name
Title (if Participant is not an individual) 8-5-2034
Date

Filed:08/09/21 of Participation F Entered:08/09/21 Page 99 of 107 SAN JUAN PR FIGURE SON Santurce, PR 00940 Astrid Agosto PO Box 40147

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 100 of 107

Participant must provide all of the information below in English:

Participant most	
Participant's contact information, including email address, and that of its counsel, 1. Participant's contact information, including email address, and that of its counsel,	
Manuel Nieves Baran	
Participant's Name: Calle Fernanco Colder 457 Calle Fernanco Colder 457 Urb. Roosevelt - San Juan,	
Participant's Address: Resto Rice 00918	
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
17BK 3283 - U3	i'co.
Claim Number: The Common wealth of the Sys The Employees Retirement Sys	tem
Noture of Latin	calth
at the funds	Cero
By: Signature Public Buildings Continety,	
	RE
	RECEIVED
Print Name	, <
Title (if Participant is not an individual)	
4 de agosto de 2021	CII
Date	177
S. Filing Notice of Participation: If you are represented by counsel, this Notice	9

Case: 17-03283-LTS, Doc#: 17722-1, Filed: 08/09/21 Entered: 08/09/21-11:09:41

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Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Pro Se Notices of Participation Page 102 of 107

Participant must provide all of the information below in English:

1. Participant's if any:	contact information, including email address, and that of	its (counsel,
Participant's Name:	MIGUEL ORtiz BORRERD		
Participant's Address:			
Participant's Email Address	Contabilidad clasea @yoho	V - (com
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:			
2. Participant's	Claim number and the nature of Participant's Claim:		
Claim Number:	171703		
Nature of Claim:		2021	===
By: Mysel A Signature Miguel DR	Duty Puny	\$ -	ž –
Miguel OR Print Name	As	7.	
Title (if Participant i	s not an individual)	2	
B 5 /2/ Date			
Instructions for Filing Not	ice of Participation: If you are represented by counsel,	this	Notice

must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc:

Pro Se Notices of Participation Page 104 of 107

Participant must provide all of the information below in English:

if any:	contact information			
Participant's Name: Participant's Address: Participant's Email Address:	ANA Bot.	sy Pino Co	onchado	
Participant's Address:	7479 Ave.	Agustin R	mos Calero, I	Isobela
Participant's Email Address:	anabeepin	vo Bamail.	com	
Name of Counsel:				
Address of Counsel:				
Email Address of Counsel:		New 70 4 2 4 7 1	The second	
2. Participant's CClaim Number:Nature of Claim:	Claim number and 15502. Accumulates	2		from the
1 - OCK 1	1- 7	department u	contributions, f Education	
Signature Awa B. Piwa Print Name	Grchado		S.DISTRICT COU SAN JUAN. P.	RECEIVED & FIL
Title (if Participant is 4 de agosto Date	de 2021			- E

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Page 105 of 107

Au. Agusta Cardada Doc#:17722-1 Filed:08/09/21 Pro Se Notices of Participation 51 :5 Hd 9- 904 1007 150 Ave. Carles Chardon Ste. 150 COCI-81600 & J WAY LECEIVED & FILEI United States District Court Clerk's Office 00010-170025 5 ALIG 2021 -PM 1 - 1 SAN JUAN PR 009

Case:17-03283-LTS Doc#:17722-1 Filed:08/09/21 Entered:08/09/21 11:09:41 Desc: Pro Se Notices of Participation Page 106 of 107

Participant must provide all of the information below in English:

 Participant's of if any: 	contact information, including email address, and the	
Participant's Name:	LizeTEM. Lopez Lopez	
Participant's Address:	LizeTe M. Lopez Lopez P.D.Boy 40147, San Juan P.R	.00940
Participant's Email Address:	In lope 5714 @ grail Com	n e
Name of Counsel:	that I continue the same	i de la company
Address of Counsel:		
Email Address of Counsel:		
2. Participant's 0	Claim number and the nature of Participant's Claim:	
Claim Number:	KPE 2007 4359	
Nature of Claim:	Claim Salay don't say me	(\$ 70,110)
By:	en grafiaseta kwa jakis i kipena 419 kwa kitura. Maja 11 kwa ku m atarata profesi na maja maja 15 m	78
Signature		
Signature		S. E. E.
	per Lopez	AUG -
Lizette M. La Pring Name	per Lopes	AND -6 1
LizeTTE M. Lig	Lopes Lold	ANG -6 PH.
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Prino Name	not an individual)	AUG -6 PH 5: 15 LINK SOFTICE DISTRICT COUNTS SAN JUAN, PR

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